

Exhibit H

Mar. 1. 2012 3:47PM

No. 3935 P. 2

[REDACTED] 9512

Dear Homeowner:

We understand how difficult it may be to ask for help when you need it the most.

The best way to find out what options are available is to help us understand your financial situation by completing the attached application package, including all the required documentation. Upon receipt of the documentation, we will assign a relationship manager to assist you throughout the process.

As an alternative, if you are experiencing any difficulty completing the full package you may complete this form by checking all of the appropriate boxes to the right. This will help us identify potential programs available to meet your needs. Once we have received this information, we will assign a Relationship Manager to personally help you through this process.

Once your relationship manager is assigned they will stay with you throughout the process and assist with all documentation needs as well as explain every step of the process.

We look forward to working through this with you.

Thank you.

Loan Servicing

Please check the box that best describes your situation.

I want to:

Keep the property ☐

Sell the property ☐

This home is:

Where I live ☐

Second Home ☐

Investment Property ☐

I, or a member of my family is or has been on active duty with our military ☐

You may be eligible for benefits and protection under the Servicemembers Civil Relief Act (SCRA)

I need help because I have/am...

A loss of income ☐

Increase in expenses ☐

Can't sell/rent my home ☐

Marital problems ☐

Unemployed ☐

Incarceration ☐

Damage to the home due to

hurricane, flood, earthquake, etc ☐

Death or illness of family member ☐

Other ☐

Fax this letter with your documentation attached to 1-866-709-4744, -or- Mail to: Loss Mitigation, 233 Gibraltar Rd., Suite 600, Horsham PA 19044

What is the best number/time to reach you? (703)

897 - 9434

am

icamp0549@yahoo.com

Mar. 1, 2012 3:47PM

No. 3935 P. 3

9512
9512

Consider all options. We will explore all options to help you keep your home. If you do not wish to stay in your home, we can help make your transition to a new home easier. Following is a brief description of available options:

- **Repayment Plan:** If you have experienced a temporary loss of income or increase in expenses but can now afford to make higher payments, we may be able to develop a repayment plan.
- **HAMP Modification:** This is an important Federal Program designed to assist you in obtaining an affordable mortgage payment. We will review your monthly income and housing costs – including any past due payments – and determine an affordable mortgage payment.
- **Other Loan Modifications:** If you are not able to make higher monthly payments but can still afford your current mortgage payment, we may be able to modify your loan.
- **Short Sale:** If the value of your home has declined, you may be able to sell it for less than the full amount due and eliminate your mortgage.
- **Deed in Lieu of Foreclosure:** If you have tried to sell your property for 90 days, you may be able to voluntarily return the deed to GMAC Mortgage to satisfy your debt and avoid foreclosure.

Notice Regarding Foreclosure Scams:

- There is never a fee to participate in or learn more about our Modification Programs. To locate a HUD-approved counselor, visit: <http://www.hud.gov/offices/hsg/sfh/hcc/fo/>
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

Please Note:

Documentation must be received 7 days prior to the scheduled foreclosure sale date. If your property is in the state of Florida, a complete package must be received 30 business days prior to the scheduled foreclosure sale date.

This is an attempt to collect a debt and any information obtained will be used for that purpose

Mar. 1. 2012 3:47PM

No. 3935 P. 4

FAX COVER SHEET (This page should be returned to us with your completed financial analysis form)

****PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE****

To: Loss Mitigation From: gmac Fax to: 1-866-709-4744	Account Number(s) 9512 or mail to: Loss Mitigation 233 Gibraltar Road Suite 600 Horsham PA 19044
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ALL of the following information must be completed and returned to determine eligibility:

- ☒ Financial Analysis Form/Information for Government Monitoring Purposes
- ☒ A signed and dated Dodd-Frank Certification
- ☒ A signed and dated Acknowledgement and Agreement
- ☒ A signed and dated IRS Form 4506T-EZ (Request for Transcript of Tax Return). Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers. This form is required even if you have not filed or are not required to file tax returns.
- ☒ Documentation confirming occupancy - for example, a recent utility bill in your name at the property address.
- ☐ Documentation verifying expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. (if applicable)
- ☐ Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.


TYPE OF INCOME	DOCUMENTATION REQUIRED
Paid by an employer or short term disability	<input checked="" type="checkbox"/> Copy of two most recent pay stubs from your employer including year to date information. Pay stubs cannot be more than 90 days old.
Self employed or receive a 1099 form	<input type="checkbox"/> Copy of most recent quarterly or year-to-date Profit and Loss statement. See Exhibit A for a sample of a 3 Month Self Employment Income Statement (Profit and Loss Form). <input type="checkbox"/> Copies of two most recent bank statements. Bank statements cannot be over 90 days old. AND <input type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss.
Child support or alimony*	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received. <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of child support or alimony. Bank statements cannot be over 90 days old.
Social Security, disability, death benefits, or pension	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of benefit income. Bank statements cannot be over 90 days old.
Other earned income (i.e. bonus, commission, housing allowance, and/or tips)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (i.e. an employment contract and/or printouts documenting tips) and indicating the income is not a one time payout.
Rental income from an investment property	<input type="checkbox"/> Copy of the most recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss. AND <input type="checkbox"/> Current lease agreement for the subject property. <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old. See Exhibit B for a sample of an Investment Property Schedule.
Rental income from room rental of the primary residence	<input type="checkbox"/> Copy of current lease agreement. <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Unemployment	<input type="checkbox"/> Copy of a benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Benefit must continue for at least 9 months to be considered. AND <input type="checkbox"/> Documentation must show receipt unemployment benefits have begun or will begin within 60 days.
Other income (investment, interest, dividends, etc.)	<input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.
Income not specified above	<input type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. AND <input type="checkbox"/> Copies of two most recent bank statements verifying deposit amounts or other documentation (i.e. 2 copies of checks) showing receipt of income. Bank statements cannot be over 90 days old.

*You are not required to disclose Child Support, Alimony, or Separate Maintenance income, unless you choose to have it considered.

If you want to sell this property, please also include:

- ☐ Copy of the listing agreement
- ☐ Copy of the sales contract, if available
- ☐ Copy of the estimated Settlement Statement (HUD-1), if available

Signed Third Party Authorization Form

 <p>To ensure your request is processed without delay, it is important that you provide a complete package including all the supporting documentation and required signatures. You MUST sign all of the Acknowledgements and Agreements in this form. If you are unable to provide all the requested supporting documentation, please submit with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.</p>
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Mar. 1. 2012 3:48PM

No. 3935 P. 5

FINANCIAL ANALYSIS FORM		Account Number 1512	
BORROWER		CO-BORROWER	
Borrower's Name: <u>Ernesto Campos Canales</u>		Co-Borrower's Name: _____	
Social Security Number: <u>0156</u>	Date of Birth: <u>11-01-92</u>	Social Security Number: _____	Date of Birth: _____
Home Phone Number With Area Code: <u>763-897-9434</u>		Home Phone Number With Area Code: _____	
Cell or Work Number With Area Code: _____		Cell or Work Number With Area Code: _____	
Email Address: <u>campos49@yahoo.com</u>		Email Address: _____	
Mailing Address: <u>2201 Berkley Ln Woodbridge VA 22193</u>		Mailing Address: _____	
Property Address (If Same As Mailing Address, Write Same): <u>Same</u>		Property Address (If Same As Mailing Address, Write Same): _____	
I want to: <input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property		The property is my: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	
The property is: <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant If Owner Occupied, include a recent utility bill in your name at the property address.			
Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date listed: _____		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
For Sale by Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please complete counselor contact information below.	
Agent's Name: _____		Counselor's Name: _____	
Agent's Phone Number: _____		Counselor's Phone Number: _____	
Date of offer: _____		Counselor's Email: _____	
Who pays the Real Estate Tax bill on your property? <u>Bank</u>		Who pays the hazard insurance policy for your property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are the taxes current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Condo or HOA Fee: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Paid to: _____			
Address of paid to: _____			
Number of People in the Household: <u>6</u>			
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____			
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bankruptcy Case Number: _____			
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers.			
Lien Holder's Name/Service: _____		Loan Number: _____	
Balance: _____		Contact Number: _____	

INFORMATION FOR GOVERNMENT MONITORING PURPOSES			
If applying for the Making Home Affordable Modification Program we encourage you to provide the following, however this is not a requirement of other modification programs. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person.			
BORROWER	<input checked="" type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

INFORMATION REGARDING MILITARY SERVICE MEMBERS	
Please check here if you or a family member is on active duty with our military. You may be eligible for benefits and protection under the Service members Civil Relief Act "SCRA".	
<input type="checkbox"/>	

Mar. 1, 2012 3:48PM

No. 3935 P. 6

FINANCIAL ANALYSIS FORM (Continued) Account Number 7512

Borrower 1		Borrower 2		Assets		Liabilities																					
Income/Expenses for Household		Income/Expenses for Household		Assets		Liabilities																					
Monthly Household Income Borrower 1: <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Unemployed Income Frequency: <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> 1 st & 15 th <input type="checkbox"/> 2 nd & 16 th <input type="checkbox"/> Other Employment Start Date: <u>9.30.45</u>		Monthly Household Income Borrower 2: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed Income Frequency: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> 1 st & 15 th <input type="checkbox"/> 2 nd & 16 th <input type="checkbox"/> Other Employment Start Date:		Assets Estimated Value of this property: <u>\$180,000.00</u> Estimated Value of Other Real Estate Owned: <u>\$0</u> Checking Account(s) Balance: <u>\$700.00</u> Savings Account(s)/Money Market Balance: <u>\$0</u> Life Insurance Cash Value: <u>\$0</u> IRA/Keogh Account(s) Balance: <u>\$0</u> 401(k)/501(c) Account(s) Balance: <u>\$500.00</u> Stock/Bonds/CDs Balance: <u>\$0</u> Other Investments: <u>\$0</u>		Liabilities First Mortgage Payment: <u>\$1,160.14</u> Alimony Payment: <u>\$0</u> Child Support Payment: <u>\$0</u> Dependent Care: <u>\$0</u> Loans/Rent: <u>\$0</u> Other Mortgages: <u>\$0</u> Personal Loans/Student Loans: <u>\$0</u> Auto Loans/Lease: <u>\$0</u> Auto Expenses: <u>\$0</u> Auto Insurance: <u>\$90.00</u> Medical Expenses: <u>\$0</u> Medical Insurance: <u>\$0</u> HOA/Condo Fees: <u>\$0</u> Credit Card(s) / Installment Loans: <u>\$600.00</u> Food/Household Supplies: <u>\$0</u> Spending Money: <u>\$43.00</u> Utilities/Water/Sewer/Phone/Internet: <u>\$201.00</u> Insurance - Flood, wind, flood etc (if not covered and included in your current mortgage payment): <u>\$0</u> Other: <u>\$0</u> Total Debt/Expenses: <u>\$2,100.14</u>																					
Total Income (Gross) <u>\$930.45</u>		Total Assets <u>\$180,500.00</u>		Total Liabilities <u>\$2,100.14</u>																							
<p>ALL INFORMATION MUST BE DOCUMENTED</p> <p>If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.</p> <p>If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.</p>																											
<p>HARDSHIP AFFIDAVIT</p> <p>I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):</p> <table border="1"> <tr> <td><input type="checkbox"/> Borrower Death</td> <td><input checked="" type="checkbox"/> Reduction of Income</td> <td><input type="checkbox"/> Military Service</td> <td><input type="checkbox"/> Payment Adjustment</td> </tr> <tr> <td><input type="checkbox"/> Illness of Borrower</td> <td><input type="checkbox"/> Excessive Financial Obligations (Examples may be large medical bills, credit card debt, or college tuition payments)</td> <td><input type="checkbox"/> Unemployment</td> <td><input type="checkbox"/> Ownership Transfer is Pending (if the home is in the process of being sold)</td> </tr> <tr> <td><input type="checkbox"/> Illness of Family Member</td> <td><input type="checkbox"/> Property Problem (Anything that may be defective about the property such as a code repair that needs to be made)</td> <td><input type="checkbox"/> Business Failure (Examples would be loss of business income)</td> <td><input type="checkbox"/> Tenant not Paying</td> </tr> <tr> <td><input type="checkbox"/> Death of Family Member</td> <td><input type="checkbox"/> Inability to Sell Property</td> <td><input type="checkbox"/> Bankruptcy Filed</td> <td><input type="checkbox"/> Incarceration (Sentenced to a city, county, state, or federal jail)</td> </tr> <tr> <td><input type="checkbox"/> Marital Difficulties (Examples include going through a legal separation or filing for divorce)</td> <td><input type="checkbox"/> Inability to Rent Property</td> <td><input type="checkbox"/> Casualty Loss (Unexpected event such as hurricane, flood, or earthquake that damages the property)</td> <td></td> </tr> </table> <p><input type="checkbox"/> Other: <u>Reduction of hours</u></p> <p>Explanation (Required): <u>Reduction of hours</u></p> <p>If additional space is needed for Explanation, please include an additional page.</p>								<input type="checkbox"/> Borrower Death	<input checked="" type="checkbox"/> Reduction of Income	<input type="checkbox"/> Military Service	<input type="checkbox"/> Payment Adjustment	<input type="checkbox"/> Illness of Borrower	<input type="checkbox"/> Excessive Financial Obligations (Examples may be large medical bills, credit card debt, or college tuition payments)	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Ownership Transfer is Pending (if the home is in the process of being sold)	<input type="checkbox"/> Illness of Family Member	<input type="checkbox"/> Property Problem (Anything that may be defective about the property such as a code repair that needs to be made)	<input type="checkbox"/> Business Failure (Examples would be loss of business income)	<input type="checkbox"/> Tenant not Paying	<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Inability to Sell Property	<input type="checkbox"/> Bankruptcy Filed	<input type="checkbox"/> Incarceration (Sentenced to a city, county, state, or federal jail)	<input type="checkbox"/> Marital Difficulties (Examples include going through a legal separation or filing for divorce)	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Casualty Loss (Unexpected event such as hurricane, flood, or earthquake that damages the property)	
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Mar. 1. 2012 3:49PM

No. 3935 P. 7

Account Number 9512

Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Inner Camros
Name Primary Borrower

01-30-12
Date

Name Secondary Borrower

Date

Mar. 1. 2012 3:49PM

No. 3935 P. 8

ACKNOWLEDGEMENT AND AGREEMENT

Account Number

9512

- In making this request for consideration to review my loan terms I/we certify under penalty of perjury:
- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
 - 2 I/we understand that the Servicer, the U.S. Department of the Treasury, owner or guarantor of my mortgage, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
 - 3 I/we understand the Servicer will obtain a current credit report on all borrowers obligated on the Note.
 - 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable or any mortgage relief granted and may pursue foreclosure on my/our home.
 - 5 I/we understand any fee to validate the value of the property will be assessed to the account.
 - 6 I/we have not received a condemnation notice, and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
 - 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
 - 8 If I am eligible for a trial period plan, repayment plan, or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of the Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan, or forbearance plan.
 - 9 I/we agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
 - 10 I/we are willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
 - 11 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
 - 12 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
 - 13 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
 - 14 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
 - 15 I/we agree that to be considered for the Making Home Affordable program, or any other program, all required documentation must be received no later than 7 business days prior to the scheduled foreclosure sale date.
 - 16 NOTICE TO TEXAS BORROWERS: If the loan you are requesting to modify is a Texas Home Equity Loan or Line of Credit, your loan does not qualify to be modified. However, please proceed with submitting your financial information so that we can examine your financial situation and determine if there is a repayment program available to you in order to prevent foreclosure.
 - 17 I/we understand the Servicer will not refer the account to foreclosure or conduct the foreclosure sale if already referred, while it is being reviewed for the Making Home Affordable program unless required by your investor. The review will not begin until all required documentation is received.
 - 18 I/we consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.
 - 19 My/Our property is owner occupied. I/we intend to reside in this property for the next twelve months.

1-888-995-HOPE
 HOPE is a registered trademark of the U.S. Department of the Treasury.

Borrower Signature

01-30-12
 Date

Co-Borrower Signature

Date

To ensure your request is processed without delay, it is important that you provide a complete package including all the supporting documentation and required signatures. You MUST sign all of the Acknowledgements and Agreements in this form. If you are unable to provide all the requested supporting documentation, please submit the application with the information you have available and we will provide a knowledgeable agent to assist you in compiling any missing documentation and guide you through the process.

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:
 "Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Mar. 1, 2012 3:50PM

No. 3

Form 4506T-EZ Short Form Request for Individual Tax Return Transcript

Form 4506T-EZ Short Form Request for Individual Tax Return Transcript

(October 2009)

Department of the Treasury
Internal Revenue Service

Request may not be processed if the form is incomplete or illegible.

OMB No. 1545-2154

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.

Inmyr Campes

Security number on tax return

0156

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

3202 Berkley LN Woodbridge VA 22193

4 Previous address shown on the last return filed if different from line 3

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name
GMAC Mortgage

Telephone number
800-850-4622

Address (including apt., room, or suite no.), city, state, and ZIP code

Attn: Loss Mitigation, 233 Gibraltar Rd Suite 600, Norsham, PA 19044

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2009"). Most requests will be processed within 10 business days.

2010

2009

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign
Here

Signature (see instructions)

Date

01-30-12

Telephone number of
taxpayer on line 1a or 2a

703-892-9434

Spouse's signature

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form 4506T-EZ (10-2009)

Mar. 1. 2012 3:50PM

No. 3935 P. 10

Form 4506T-EZ (10-2009)

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 3. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following:

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIN'S teams, send your request to the team based on the address of your most recent return.

Where to mail . . .

If you filed an individual return and lived in:

Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address

Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming

Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Mail or fax to the "Internal Revenue Service" at:

RAIN'S Team
 P.O. Box 47-121
 Stop 91
 Doraville, GA 30562
 770-455-2335

RAIN'S Team
 Stop 6710 ALSC
 Austin, TX 75301
 512-460-2272

RAIN'S Team
 Stop 37106
 Fresno, CA 93888
 559-456-5876

RAIN'S Team
 Stop 6705-141
 Kansas City, MO 64109
 816-292-6102

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax, criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 9 min.; Preparing the form, 18 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE, W.C.A.R., MP, 1111 Constitution Ave., NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.

Mar. 1, 2012 3:50PM

No. 3935 P. 11

Exhibit A - 3 Month Self Employment Income Statement (Profit and Loss Form)
This form may be used if you are self-employed or a 1099 wage earner only.

BORROWER'S NAME _____ **Account Number** 9512

For each borrower who is self-employed a Profit and Loss Statement is required for each business. If borrower has more than one business, we require a Profit and Loss Form for each business. The example document may be used to supply the required information.

Month and Year must be indicated. Use most recent consecutive months.	Month 1		Month 2		Month 3		Total
	Month	Year	Month	Year	Month	Year	
Sales			\$		\$		\$
Cost of Goods Sold			\$		\$		\$
Gross Profit			\$		\$		\$
Operating Expenses							
Advertising			\$		\$		\$
Amortization			\$		\$		\$
Auto Expenses			\$		\$		\$
Bank Charges			\$		\$		\$
Depreciation			\$		\$		\$
Dues & Subscriptions			\$		\$		\$
Employee Benefits			\$		\$		\$
Insurance			\$		\$		\$
Interest			\$		\$		\$
Office Expenses			\$		\$		\$
Payroll Taxes			\$		\$		\$
Rent			\$		\$		\$
Repairs & Maintenance			\$		\$		\$
Salaries & Wages			\$		\$		\$
Supplies			\$		\$		\$
Taxes & Licenses			\$		\$		\$
Telephone			\$		\$		\$
Utilities			\$		\$		\$
Other			\$		\$		\$
Total Operating Expenses			\$		\$		\$
Net Profit Before Taxes			\$		\$		\$
Income Taxes			\$		\$		\$
Net Profit After Taxes			\$		\$		\$

Exhibit B - Investment Property Schedule

BORROWER'S NAME _____ **Account Number** _____

For each borrower who receives rental income from an investment property an Investment Property Schedule is required. If additional space is needed, please include an additional page.

Property Number	Property Street Address	Property City, State, and Zip Code	Number of Units (1, 2, 3, 4, or 5+)	Status Circle All That Apply R - Rented V - Vacant PS - Pending Sale F - In Foreclosure	Gross Monthly Rental Income	Monthly Mortgage Payment (excluding taxes and insurance)	Monthly Insurance and Taxes	Monthly HOA/Condo Dues (if applicable)
1				R V PS F	\$	\$	\$	\$
2				R V PS F	\$	\$	\$	\$
3				R V PS F	\$	\$	\$	\$
4				R V PS F	\$	\$	\$	\$
5				R V PS F	\$	\$	\$	\$
6				R V PS F	\$	\$	\$	\$

Mar. 1. 2012 3:51PM

No. 3935 P. 12

THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE

Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.

Account Number: 9512 Name: Inmer Ersides Campos Carranza
Property Address: 3207 Berkley Ln woodbridge VA 22193



Before you sign this authorization, please be aware that...

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- ONLY use HUD certified counseling agencies: Call 1.800.CALL.FHA to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

Name: Orlando Campos of International Real Estate in his/her capacity as
Relationship (if applicable): Realtor Company Name: 703-986-9876/Campos.irec@gmail.com
Phone Number: 703-986-9876 Email Address: Campos.irec@gmail.com

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor.

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form

NOTE: No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

Inmer E Campos
Borrower Printed Name

[Signature]
Borrower Signature

01-30-12
Date

Co-Borrower Printed Name

Co-Borrower Signature

Date

SIGN HERE

Mar. 1, 2012 3:51PM

No. 3935 P. 13

Loan # 1512

FOLD AND REMOVE				FOLD AND REMOVE			
PERSONAL AND CHECK INFORMATION				EARNINGS			
Inner E Campos				DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)
3207 Berkly Lane				Regular	40.00	15.7500	630.00
Woodbridge, VA 22193				Vacation-Memo			117.00
Soc Sec #: xxx-xx-0156 Employee ID: 310				EARNINGS	40.00		630.00
Pay Period: 01/13/12 to 01/19/12							117.00
Check Date: 01/20/12 Check #: 5414							1342.75
NET PAY ALLOCATIONS							1812.75
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)		DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Check Amount	420.77	1225.16		Social Security		26.46	77.40
NET PAY	420.77	1225.16		Medicare		9.13	26.72
				Fed Income Tax	M 2	32.81	93.70
				VA Income Tax	2 0	25.90	74.98
				TOTAL		94.30	272.80
				DESCRIPTION		THIS PERIOD (\$)	YTD (\$)
				Garnishment		114.93	344.79
				TOTAL		114.93	344.79

NET PAY

THIS PERIOD (\$)
420.77

YTD (\$)
1225.16

Payrolls by Paychex, Inc.

0027 1300-7937 Saah Unfinished Furniture • 5641F General Washington Dr • Alexandria VA 22312 • (703) 256-4315

Mar. 1, 2012 3:52PM

No. 3935 P. 14

Loan # [REDACTED] 1512

FOLD AND REMOVE								FOLD AND REMOVE	
PERSONAL AND CHECK INFORMATION			EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Inner E Campos				Regular	40.00	15.7500	630.00	157.00	2472.75
3207 Berkly Lane				Vacation-Memo			M2.31		M122.36
Woodbridge, VA 22193				EARNINGS	40.00		630.00	157.00	2472.75
Soc Sec #: xxx-xx-0156 Employee ID: 310			WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
Pay Period: 01/20/12 to 01/26/12				Social Security			26.46		103.88
Check Date: 01/27/12 Check #: 5420				Medicare			9.13		35.85
NET PAY ALLOCATIONS				Fed Income Tax	M 2		32.81		126.51
DESCRIPTION THIS PERIOD (\$)		YTD (\$)		VA Income Tax	2 0		25.90		100.88
Check Amount	420.77			TOTAL			94.30		367.10
NET PAY	420.77	1645.93	DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
				Garnishment			114.93		459.72
				TOTAL			114.93		459.72

NET PAY	THIS PERIOD (\$)	YTD (\$)
	420.77	1645.93

Payrolls by Paychex, Inc.

0027 1300-7937 Saah Unfinished Furniture • 5641F General Washington Dr • Alexandria VA 22312 • (703) 256-4315

Mar. 1, 2012 3:52PM

No. 3935 P. 15

0000745700
223040002 1013340009

074472-071560

0000745700
223040002 1013340009

074472-071560

FedEx
Express

Federal Express Corporation
U.S. Payroll Services
3875 Airways, H/I West
Memphis, Tennessee 38116
(901)397-4070

Loan#

Earnings Statement

Earnings Statement

Page 001 of 001
Pay Period: 01/15/2012 - 01/21/2012
Advice Date: 01/27/2012
Advice Number: 0044320277
Batch Number: DCL002008459

Exemptions Addl Amt Addl %
Fed: S-00
VA: N-00

INNER E. CAMPOS

Delivering on the Purple Promise
makes this check possible.

Total hours for hourly period 01/15/12 - 01/21/12:
Worked = 21.62 hours Overtime = 0.00 hours

Earnings	Rate	Hours	This Stmt Year-To-Date	Year-To-Date
Reg Earn	13.350	21.62	289.83	1050.51
Frontline			77.82	77.82
Holiday				106.80
Gross Pay			366.45	1235.13
Fed Tax Wages			301.11	993.38
* Non Cash Earnings & Benefits				
* Excluded From Taxable Wages				

TOTAL GROSS	366.45	1235.13
TOTAL TAXES	58.73	179.87
TOTAL DEDUCTIONS	66.01	244.33
NET PAY	241.71	810.93

Taxes	This Stmt Year-To-Date	Year-To-Date
Fed Withholding	30.60	90.74
Fed MED/EE	4.74	15.66
Fed OASDI/EE	13.72	45.35
VA Withholding	9.67	28.12
Total Taxes	58.73	179.87

Deductions	This Stmt Year-To-Date	Year-To-Date
*401KPreTax	28.65	86.46
*ChoiceA NT	28.85	86.55
*DENTAL	7.15	25.98
*VISION	3.69	13.33
*ChPlusA NT		29.43
OptLife PT	0.67	2.58
Total Deductions	66.01	244.33

TOTL YrBt Benefit	This Stmt Year-To-Date	Year-To-Date
TOTL YrBt Benefit	0.00	0.00

Other Information	This Stmt Year-To-Date	Year-To-Date
Other Information		

FedEx
Express

Federal Express Corporation
U.S. Payroll Services
3875 Airways, H/I West
Memphis, Tennessee 38116

Advice Number: 0044320277
Advice Date: 01/27/2012
0000745700

Deposited to the account of
INNER E. CAMPOS

Account Number
XXXXXXXXXX

Amount
241.71

THIS IS NOT A CHECK
NON-NEGOTIABLE

Mar. 1. 2012 3:52PM

No. 3935 P. 16

0000745700
223040002 1013340D09

072934-070127

Earnings Statement

0000745700
223040002 1013340D09

072934-070127

Earnings Statement



Federal Express Corporation
U.S. Payroll Services
3875 Airways, H/I West
Memphis, Tennessee 38116
(901) 867-4070

Loan#

Pay Period:
Advice Date:
Advice Number:
Batch Number:

Page 001 of 001
01/08/2012 - 01/14/2012
01/20/2012
0044256446
DCL002008454

Exemptions Addl Amt Addl %
Fed: S-00
VA: N-00

INNER E. CAMPOS
Delivering on the Purple Promise
makes this check possible.

Total hours for hourly period 01/08/12 - 01/14/12:
Worked = 22.06 hours Overtime = 0.00 hours

Earnings	Rate	Hours	This Stmt Year-To-Date
Reg Earn	13.350	22.06	294.50
Holiday			106.80
Gross Pay			294.50
Fed Tax Wages			234.19
# Non Cash Earnings & Benefits			
* Excluded from Taxable Wages			

TOTAL GROSS	294.50	599.68
TOTAL TAXES	41.28	121.14
TOTAL DEDUCTIONS	60.98	178.32
NET PAY	192.24	569.22
Taxes	This Stmt Year-To-Date	
Fed Withholding	20.56	60.14
Fed MED/EE	3.70	10.92
Fed OASDI/EE	10.70	31.63
VA Withholding	6.32	18.45
Total Taxes	41.28	121.14
Deductions	This Stmt Year-To-Date	
*401KPreTax	20.62	60.81
*ChoiceA NT	28.85	57.70
*DENTAL	7.15	18.83
*VISION	3.69	9.64
*ChPlusA NT		29.43
OptLife PT	0.67	1.91
Total Deductions	60.98	178.32
Totl Txbt Benefit	This Stmt Year-To-Date	
Totl Txbt Benefit	0.00	0.00
Other Information		



Federal Express Corporation
U.S. Payroll Services
3875 Airways, H/I West
Memphis, Tennessee 38116

Advice Number: 0044256446
Advice Date: 01/20/2012
0000745700

Deposited to the account of
INNER E. CAMPOS

Account Number
XXXXXXXXXX

Amount
192.24

THIS IS NOT A CHECK
NON-NEGOTIABLE

Mar. 1. 2012 3:53PM

No. 3935 P. 17



8645 Mathis Ave, Ste. # 201

8645 Mathis Ave, Ste. # 201
Manassas, VA 20110
(703) 686-4880 Office
(703) 369-6292 Fax

FINANCIAL SHEET

Loan # 9512

MONTHLY INCOME		
	Borrower #1	Borrower #2
Net Monthly Salary (Job 1)	2,520.00	
Net Monthly Salary (Job 2)	1,178.00	
Unemployment		
Disability		
Alimony / Child Support		
Rental Income		
Other		
TOTAL INCOME	\$ 3,698.00	

MONTHLY EXPENSES			
EXPENSE		AMOUNT	
1 st Mortgage		1,160.14	
2 nd Mortgage		310.00	
Property Taxes		-	
Homeowners Insurance		-	
HOA		-	
Other Mortgages		-	
Lease (if now rents)		-	
Water		183.23	
Electricity		165.62	
Gas		146.84	
Telephone/Cell Phone		90.00	

EXPENSE		AMOUNT	
Cable/Internet Service		-	
Car Payments #		-	
Car Insurance		90.00	
Gasoline/Repair/Toll		320.00	
Credit Card Payments		-	
Personal Loan		-	
Child Support/ Alimony		498.00	
Day Care Expenses		-	
Food & Household Exp.		600.00	
Tithe		-	
Other		3,463.63	

TOTAL EXPENSES:

I agree that the financial information provided is an accurate statement of my current financial status. I understand and acknowledge that the information may be transcribed to a form requested by my lender.

Borrower's Signature

Name

Social Security No.

Borrower's Signature

Name

Social Security No.

Mar. 1, 2012 3:53PM

No. 3935 P. 18



8645 Mathis Ave, Ste. # 201
Manassas, VA 20110
(703) 586-4880 Office
(703) 369-6292 Fax

AUTHORIZATION TO RELEASE INFORMATION

Date: 01-30-12
Lender: Gmac Mortgage
Loan #: [REDACTED] 9512
Property Address: 3207 Berkley Ln Woodbridge
VA 22193

I am aware that my mortgage loan is in default. I hereby authorize you to release any and all information, including but not limited to payoff, reinstatement amounts, loan modification, and as well as negotiation of a possible short sale of the property to the following:

INTERNATIONAL REAL ESTATE COMPANY
RUTH HENRIQUEZ, (571) 237-8128 &
ORLANDO CAMPOS, (703) 985-9896 &

Sincerely,


Borrower's Signature

Inmer E Campos
Borrower's Name

[REDACTED] -0156
Social Security No.

Borrower's Signature

Borrower's Name

Social Security No.

Mar. 1. 2012 3:53PM

No. 3935 P. 19

Form 4506T-EZ Short Form Request for Individual Tax Return Transcript OMB No. 1545-2154
(October 2009)
Department of the Treasury Internal Revenue Service
Request may not be processed if the form is incomplete or illegible.

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.
Inner E Campos

1b First social security number on tax return
[REDACTED] - 0156

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code
3207 Berkley Lane Woodbridge VA 22193

4 Previous address shown on the last return filed if different from line 3

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name Emac Mortgage Telephone number 1866 766-690 8322
Address (including apt., room, or suite no.), city, state, and ZIP code

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.
2010 2004

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here

Signature [Signature] Date 101-31-12 Telephone number of taxpayer on line 1a or 2a 703-966-0123
Spouse's signature _____ Date _____

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 541855 Form **4506T-EZ** (10-2009)

Mar. 1, 2012 3:54 PM

AD-1

AD-1



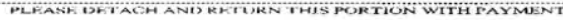
Previous Balance		239.41
Last Payment Received	12/20/2011	<u>160.00</u>
Balance Forward		79.41

NOVEC Electricity Supply Services: Government Regulated	54.49
--	--------------

NOVEC Fees: Other Charges and Credits	1.13
--	-------------

Date Billed	01/04/2012	
Amount Due by 2:00 P.M. On	02/01/2012	165.62
Bill Is Due And Payable Upon Receipt		
Amount Due After 2:00 P.M. On	02/01/2012	168.04
1.5% Penalty If Not Paid by 2:00 P.M.		

Max kWh Usage	1,362
Avg kWh Usage	779
Min kWh Usage	453



☐ CHECK HERE IF YOU HAVE INDICATED AN ADDRESS OR PHONE NUMBER CHANGE BELOW
Current Phone Number (703) 897-9434

☐ OPT OUT (Please see back of bill)

NORTHERN VIRGINIA ELECTRIC COOPERATIVE
PO BOX 34795
ALEXANDRIA VA 22334-0795

Do Not Mark Or Stamp In This Area.

48000000001.6562100000794180000000000006

Mar. 1. 2012 3:54PM

No. 3935 P. 21

BRAT OF VA
ACCOUNT TRANSACTION HISTORY
BRAT OF VA
ACCOUNT TRANSACTION HISTORY

Loan# 9512
Loan# 9512

AK Name INNER E CAMPOS CARRANZA
MOSATANA W CAMPOS
3207 BERKLEY LN
WOODBRIDGE VA 22192-1305

01/27/2012
Page 1

Statement Date 01/23/2012

Account # 155928730

Provider No 10006
Total Debits

522.96 Current Balance
\$1,255.00 Total Credits \$1,237.57

From Date	Ref Date	DN/CR	Trans	Trans Desc	Ref #	Serial #	AMT	Ending Bal
12/20/2011	12/20/2011	D	7511		02/78/4711	0000000185	510.00	512.96
12/30/2011	12/30/2011	C	3500	PAYROLL	06/43/1163	0000000000	6575.47	6588.43
12/30/2011	12/30/2011	D	7583	Pillar Hotels	04/95/9579	0000000000	6475.00	6113.43
01/03/2012	01/03/2012	D	7523	12-31-11	00/00/0110	0000000000	6100.00	613.43
01/11/2012	01/11/2012	C	0033	COUNTER DEPOSIT	03/05/3782	0000000000	639.05	662.48
01/13/2012	01/13/2012	C	3500	PAYROLL	05/71/2203	0000000000	6613.00	6675.53
01/13/2012	01/13/2012	D	0031		05/12/5656	0000000000	6670.00	66.53

Bank Statement

Mar. 1. 2012 3:54PM

BANK OF VA
ACCOUNT TRANSACTION HISTORY
BANK OF VA
ACCOUNT TRANSACTION HISTORY

No. 3935 P. 22
Loan# 9512
Loan# 9512

AIF Name INNER E CAMPOS CARRANZA
ROSALYNNA M CAMPOS
3207 BERKLEY LN
WOODBRIDGE VA 22193-1208

01/27/2012

Page 1

Statement Date 02/17/2012

Account # 155928735

Previous Balance
Total Debits

65.53 Current Balance
60.00 Total Credits
65.53

Trans Date	EFF Date	DR/CR	Trans	Trans Desc	Ref #	Serial #	AMT	Ending Bal
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Bank Statement

Mar. 1, 2012 3:54PM

No. 3935 P. 23

Loan# 9512
Loan# 9512

Form **1040** U.S. Individual Income Tax Return **2010**

Department of the Treasury — Internal Revenue Service

For the year (or) year ending 2010 ending

Name, Address, and SSN
JAMES CAMEOS
3207 BERKLEY LANE
WOODBRIDGE VA 22193-1305

Check here if you, or your spouse if filing jointly, want 23 to go to this fund? ☐ You ☐ Spouse

Filing Status
1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above & full name here
4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 ☐ Qualifying widow(er) with dependent child

Exemptions
6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.
b ☐ Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☐ If child, enter child's age (month/12) (5) ☐ If dependent, enter date of birth (month/12)
YEERY MARTINEZ LOPEZ [REDACTED] 7464 Son
d Total number of exemptions claimed 2

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 7a 53,566.
8a Taxable interest. Attach Schedule B if required 8a
b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a
b Qualified dividends 9b
10 Taxable refunds, credits, or offsets of state and local income taxes 10 130.
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12 -4,279.
13 Capital gain or (loss). Attach Schedule D if required. If not req'd, ck here ☐
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount 15b
16a Pensions and annuities 16a b Taxable amount 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount 20b
21 Other income 21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 49,717.

Adjusted Gross Income
23 Educator expenses 23
24 Certain business expenses of reservists, performing artists, and fee basis government officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889 25
26 Moving expenses. Attach Form 3903 26
27 One-half of self-employment tax. Attach Schedule SE 27
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction 29
30 Penalty on early withdrawal of savings 30
31a Family plan b Rollover 31a
32 IRA deduction 32
33 Student loan interest deduction 33
34 Tuition and fees. Attach Form 8917 34
35 Domestic production activities deduction. Attach Form 8903 35
36 Add lines 23 - 31a and 32 - 35 36
37 Subtract line 36 from line 22. This is your adjusted gross income 37 49,717.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2010)

EDIA0112 12/22/10

Mar. 1, 2012 3:55PM

No. 3935 P. 25

Form 6251 Alternative Minimum Tax — Individuals

2010

INHER E CAMPOS

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 and go to line 2. Otherwise, enter the amount from Form 1040, line 38 and go to line 5. (If less than zero, enter as a negative amount.)	1	30,467.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	1,243.
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	3,723.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions	4	0.
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	3,835.
6	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule	6	
7	Tax refund from Form 1040, line 10 or line 21	7	-430.
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	0.
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Filing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Ineligible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$219,900, see instructions.)	28	38,838.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2010, see instructions.)

IF your filing status is ...	AND line 28 is	THEN enter on line 29
Single or head of household	\$112,500 or less	\$47,450
Married filing jointly or qualifying widow(er)	150,000	72,450
Married filing separately	75,000	36,225

30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II.

31 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.

32 Alternative minimum tax foreign tax credit (see instructions)

33 Tentative minimum tax. Subtract line 32 from line 31.

34 Tax from Form 1040, line 44 (includes any tax from Form 9775 and any credit tax from Form 9775, line 44). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be figured without using Schedule J (see instructions).

35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 6251 (2010)

Mar. 1, 2012 3:56PM

No. 3935 P. 27

Form **2106-EZ**

Unreimbursed Employee Business Expenses

OMB No. 1545-0074

2010

Attachment
Sequence No. **123A**

Department of the Treasury,
Internal Revenue Service (99)

• Attach to Form 1040 or Form 1040NR.

Your name

Occupation in which you incurred expenses

• number

JMMER CAMPOS

MANAGER

0156

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2010.

Caution: You can use the standard mileage rate for 2010 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 59¢ (.59)	1	0.
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	0.
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	4,397.
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	0.
5	Meals and entertainment expenses: \$ <u>864.</u> at 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	432.
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 8). (Armed Forces reservists, tax-exempt state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	4,829.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) _____
- 8 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instr) _____ c Other _____
- 9 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 10 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 11a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 2106-EZ (2010)

Mar. 1, 2012 3:56PM

No. 3935 P. 28

SCHEDULE C-EZ
(Form 1040)

Net Profit From Business
(Sole Proprietorship)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
Attach to Form 1040, 1040NR, or 1041. See instructions.

OMB No. 1545-0074
2010
Department of the Treasury
Internal Revenue Service

Name of proprietor
INMER CAMPOS

Number (SEE INSTRUCTIONS)
1356

Part I General Information

You May Use Schedule C-EZ Instead of Schedule C Only If You:

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.

And You:

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service
AMWAY GLOBAL PRODUCTS

B Enter business code
434990

C Business name. If no separate business name, leave blank.

D Enter your EIN (see instructions)

E Business address (including suite or room number). Address not required if same as on page 1 of your tax return.
City, town or post office, state, and ZIP code

Part II Figure Your Net Profit

1 Gross receipts. Caution. See the instructions for Schedule C, line 1, and check the box if: • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax.	<input type="checkbox"/>	1	697.
2 Total expenses (see instructions). If more than \$5,000, you must use Schedule C.		2	4,976.
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13. If you checked the box on line 1, do not report the amount from line 3 on Schedule SE, line 2, or on Form 1041, line 8.		3	-4,279.

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) **01/15/2010**

5 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:

a Business **9,952** **b** Commuting (see instructions) **2,965** **c** Other **9,973**

6 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

7 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

8a Do you have evidence to substantiate your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C-EZ (Form 1040) 2010

Mar. 1, 2012 3:57PM

No. 3935 P. 29

2262 Education Credits (American Opportunity and
Form **8863** Education Credits (American Opportunity and
Lifetime Learning Credits)
See separate instructions to find out if you are eligible to take the credits.
Attach to Form 1040 or Form 1040A.

Date No. 1040/1040A
2010
Adjusted Gross Income (AGI) **50**
Unit number **0156**

INMERA E CAMPOS

CAUTION! You cannot take both an education credit and the tuition and fees deduction (see Form 8917) for the same student for the same year.

Part I American Opportunity Credit
Caution: You cannot take the American opportunity credit for more than 4 tax years for the same student.

1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$4,000 for each student.	(d) Subtract \$2,000 from the amount in column (c). If zero or less, enter -0-	(e) Multiply the amount in column (d) by 25% (.25)	(f) If column (d) is zero, enter the amount from column (c). Otherwise, add \$2,000 to the amount in column (e).
	YBERRY MARTINEZ-LOPEZ	7464	4,000	2,000	500	2,500
2	Tentative American opportunity credit. Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for a different student, go to Part II; otherwise, go to Part III.					2,500

Part II Lifetime Learning Credit
Caution: You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year.

3	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
4	Add the amounts on line 3, column (c), and enter the total		4
5	Enter the smaller of line 4 or \$10,000		5
6	Tentative lifetime learning credit. Multiply line 5 by 20% (.20). If you have an entry on line 2, go to Part III; otherwise go to Part IV.		6

SAA For Paperwork Reduction Act Notice, see your tax return instructions. FDIA501 12/31/10 Form 8863 (2010)

Mar. 1, 2012 3:57PM

No. 3935 P. 30

Form 8865 (2010) INKER E CAMPOS

0156 Page 2

Form 8865 (2010) INKER E CAMPOS

0156 Page 2

Part III Refundable American Opportunity Credit

7	Enter the amount from line 2	7	2,500.
8	Enter: \$150,000 if married filing jointly; \$75,000 if single, head of household, or qualifying widow(er)	8	90,000
9	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22	9	49,717.
10	Subtract line 9 from line 8. If zero or less, stop; you cannot take any education credit	10	40,283.
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	11	10,000.
12	If line 10 is: • Equal to or more than line 11, enter 1.000 on line 12 • Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places)	12	1.000
13	Multiply line 7 by line 12. Caution: If you were under age 24 at the end of the year and meet the conditions in the instructions, you cannot take the refundable American opportunity credit. Skip line 14, enter the amount from line 13 on line 15, and check the box	13	2,500.
14	Refundable American opportunity credit. Multiply line 13 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 43. Then go to line 15 below	14	1,000.

Part IV Nonrefundable Education Credits

15	Subtract line 14 from line 13	15	1,500.
16	Enter the amount from line 6, if any. If you have no entry on line 6, skip lines 17 through 22, and enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions)	16	
17	Enter: \$120,000 if married filing jointly; \$60,000 if single, head of household, or qualifying widow(er)	17	
18	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22	18	
19	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter zero on line 22	19	
20	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	20	
21	If line 19 is: • Equal to or more than line 20, enter 1.000 on line 21 and go to line 22 • Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least three places)	21	
22	Multiply line 15 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	22	
23	Nonrefundable education credits. Enter the amount from line 11 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31	23	1,500.

* If you are filing Form 2555, 2555-EZ, or 3863, or you are excluding income from Puerto Rico, see Pub 970 for the amount to enter.

Form 8863 (2010)

Mar. 1, 2012 3:58PM

No. 3935 P. 31

5695		OMB No. 1545-0074	
Form 5695		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		2010	
Name(s) shown on return		Adjustment Sequence No. 158	
INHER S CAMPOS		Security number 0156	

Part I Nonbusiness Energy Property Credit (See instructions before completing this part.)

1	Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part I.			
2	Qualified energy efficiency improvements (see instructions).		
a	Insulation material or system specifically and primarily designed to reduce the heat loss or gain of your home	2a	
b	Exterior windows (including certain storm windows) and skylights	2b	6,319.
c	Exterior doors (including certain storm doors)	2c	
d	Metal roof with appropriate pigmented coatings or asphalt roof with appropriate cooling granules that are specifically and primarily designed to reduce the heat gain of your home, and the roof meets or exceeds the Energy Star program requirements in effect at the time of purchase or installation	2d	
3	Residential energy property costs (see instructions).		
a	Energy-efficient building property	3a	
b	Qualified natural gas, propane, or oil furnace or hot water boiler	3b	
c	Advanced main air circulating fan used in a natural gas, propane, or oil furnace	3c	
4	Add lines 2a through 3c	4	6,319.
5	Multiply line 4 by 30% (.30)	5	1,896.
6	Maximum credit amount. (If you jointly occupied the home, see instructions)	6	1,500.
7	Enter the amount, if any, from your 2009 Form 5695, line 11. Otherwise enter -0-	7	0.
8	Subtract line 7 from line 6	8	1,500.
9	Enter the smaller of line 5 or line 8	9	1,500.
10	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions)	10	1,379.
11	Nonbusiness energy property credit. Enter the smaller of line 9 or line 10. Also include this amount on Form 1040, line 52, or Form 1041, line 49	11	1,379.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 5695 (2010)

Mar. 1, 2012 3:58PM

No. 3935 P. 32

Form 5695 (2010) INHER & CAMPOS

U156 Page 2

Form 5695 (2010) INHER & CAMPOS

U156 Page 2

Part II Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note. Skip lines 12 through 21 if you only have a credit carryforward from 2009.

12	Qualified solar electric property costs		12
13	Qualified solar water heating property costs		13
14	Qualified small wind energy property costs		14
15	Qualified geothermal heat pump property costs		15
16	Add lines 12 through 15		16
17	Multiply line 16 by 30% (.30)		17
18	Qualified fuel cell property costs	18	
19	Multiply line 18 by 30% (.30)	19	
20	Kilowatt capacity of property on line 18 above \times \$1,000	20	
21	Enter the smaller of line 19 or line 20		21
22	Credit carryforward from 2009. Enter the amount, if any, from your 2009 Form 5695, line 28		22
23	Add lines 17, 21, and 22		23
24	Enter the amount from Form 1040, line 46, or Form 1040NR, line 44	24	
25	1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 50; line 11 of this form; line 12 of the Line 11 worksheet in Pub 972 (see instructions); Form 8396, line 9; Form 8859, line 3; Form 8834, line 22; Form 8910, line 21; Form 8936, line 14; and Schedule R, line 22. 1040NR filers: Enter the amount, if any, from Form 1040NR, lines 45 through 47; line 11 of this form; line 12 of the Line 11 worksheet in Pub 972 (see instructions); Form 8396, line 9; Form 8859, line 3; Form 8834, line 22; Form 8910, line 21; and Form 8936, line 14.	25	
26	Subtract line 25 from line 24. If zero or less, enter -0- here and on line 27		26
27	Residential energy efficient property credit. Enter the smaller of line 23 or line 26. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49		27
28	Credit carryforward to 2011. If line 27 is less than line 23, subtract line 27 from line 23	28	

Form 5695 (2010)

Mar. 1, 2012 3:58PM

No. 3935 P. 33

2010 VA760CG Page 1

2010 VA760CG Page 1
Individual Income Tax Return



INNER E CAMPOS
3207 BERKLEY LANE

WOODBIDGE VA 221931305

Filing Status: 1 Head of Household: X

Exemptions Dependents Total 65 and over Blind Total

Yourself 1 1 2
Spouse

Vendor ID: 1030

1 Federal Adjusted Gross Income 1 49717.

2 Additions, see page 2, line 3 2

3 Subtotal 49717.

4a Age Deduction — You 4a

4b Age Deduction — Spouse 4b

5 Social Security and Tier 1 Railroad 5

6 State Income Tax Overpayment 6 430.

7 Other Subtractions, see Page 2, Line 7 7

8 Subtotal Subtractions 8 430.

9 Total VAGI 9 49287.

10a Federal Schedule A Itemized Deductions 10a 19250.

10b State/Local Income Tax 10b 2120.

10 Standard/Itemized Deductions 10 17130.

11 Exemptions 11 1860.

12 Deductions from VAGI, see Pg 2, Line 9 12

13 Subtotal Lines 10, 11 and 12 13 18990.

14 Total taxable income 14 30297.

15 Tax Amount 15 1485.

16 Spouse Tax Adjustment 16

LAR DLAR DTD LTD \$

Name or Filing Change:

Address Change:

Virginia Return Not Filed Last Year:

Your SSN

Spouse's SSN

16a Your VAGI

16b Spouse's VAGI

17 Net Tax

18a Your Withholding

18b Spouse's Withholding

19 Estimated Payments

20 Extension Payments

21 Credit for Low Income

22 Credit tax paid another state

23 Other Credits

24 Total Payments /Credits

25 Tax You Owe

26 Overpayment Amount

27 Amount to Credit to Next Year's Tax

28 Adjustments/Contributions

Amount You Owe:

Paid by Credit Card

Refund:

Bank Routing Number

Bank Account Number

VATA0212 11/04/10

Amended:

NOL:

Federal Earned Income Credit

Locality: 900

CAMP

Spouse's SSN

16a Your VAGI

16b Spouse's VAGI

17 Net Tax

18a Your Withholding

18b Spouse's Withholding

19 Estimated Payments

20 Extension Payments

21 Credit for Low Income

22 Credit tax paid another state

23 Other Credits

24 Total Payments /Credits

25 Tax You Owe

26 Overpayment Amount

27 Amount to Credit to Next Year's Tax

28 Adjustments/Contributions

Amount You Owe:

Paid by Credit Card

Refund:

Bank Routing Number

Bank Account Number

VATA0212 11/04/10

NOL:

Federal Earned Income Credit

Locality: 900

CAMP

Spouse's SSN

16a Your VAGI

16b Spouse's VAGI

17 Net Tax

18a Your Withholding

18b Spouse's Withholding

19 Estimated Payments

20 Extension Payments

21 Credit for Low Income

22 Credit tax paid another state

23 Other Credits

24 Total Payments /Credits

25 Tax You Owe

26 Overpayment Amount

27 Amount to Credit to Next Year's Tax

28 Adjustments/Contributions

Amount You Owe:

Paid by Credit Card

Refund:

Bank Routing Number

Bank Account Number

VATA0212 11/04/10

051404260

3735

0156

Mar. 1, 2012 3:58PM

No. 3935 P. 34

2010 VA760CG Page 2

2010 VA760CG Page 2

0156



ADDITIONAL FILING INFORMATION

Dependent on
another's return: Farming/Fishing
Merchant Seaman:
Taxpayer
Deceased: Overseas
when due:

Deductions

8 Deduction Code and Amount

a

b

c

9 Total Deductions:

Spouse's Name — Filing Status 3 Only

AGE DEDUCTION DETAILS

You

Spouse

Contact Information

Your Phone

Spouse

Dept of Taxation may discuss
my return with my preparer.

Preparer Phone Number

Preparer Info

2

Additions — SCH ADJ/CG — Part 1

1 Interest on obligations
of other state
2 Other Additions:
a Fixed Date Conformity

b

c

3 Total Additions:

Subtractions

4 Income from obligations
or securities of the U.S.

5 Disability income
reported as wages
By You

5b Spouse

6 Other Subtractions:

a Fixed Date Conformity

b

c

d

7 Total Subtractions:

I (We), the undersigned, declare under penalty of law that I (we) have examined this return
and to the best of my (our) knowledge, it is a true, correct and complete return.
If you are requesting direct deposit of your refund by providing bank information on your
return, you are certifying that the ultimate destination of the funds is within the territorial
jurisdiction of the United States.

Your Signature _____ Date _____

Preparer Signature _____ Date _____

Preparer Signature _____ Date _____

Self-Prepared

VAIA0312 10/01/10

File by May 1, 2011

Mar. 1. 2012 3:59PM

No. 3935 P. 35

1 Wages, tips, other comp. 11630.31		2 Federal income tax withheld 630.39	
3 Social security wages 12046.42		4 Social security tax withheld 746.88	
5 Medicare wages and tips 12046.42		6 Medicare tax withheld 174.67	
7 Control number 0000745700 W02	Dept 22304	Comp. 0002	Employer use only Q 19755
9 Employer's name, address, and ZIP code 1613340009 FEDERAL EXPRESS CORPORATION 3875 AIRWAYS BLVD MODULE H 1ST FLOOR -- U.S. PAYRO MEMPHIS, TN 38116-5070			
10 Employee's FED ID number 71-6427007		11 Employee's number 0156	
12 Social security tips		13 Allocated tips	
14 Advance EIC payment		15 Dependent care benefits	
16 Nonqualified plans		17a D 416.11	
18 Other 1824.00 GRP INS		17b 125 1	
		17c 126 1	
		17d 127 1	
		17e 128 1	
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		17pa 537 1	
		17pb 538 1	
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		17pe 541 1	

Form W-2 Wage and Tax Statement 2010

a Control number		b Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
c Employee's identification number		d Employee's social security number		1 Wages, tips, other compensation	
13 Statutory employee		14 Other		2 Federal income tax withheld	
12 See instrs. for Box 12		e Employee's name, address, and ZIP code		3 Social security wages	
				4 Social security tax withheld	
				5 Medicare wages and tips	
				6 Medicare tax withheld	
				7 Social security tips	
				8 Allocated tips	
				9 Advance EIC payment	
				10 Dependent care benefits	
				11 Nonqualified plans	
15 State	Employer's state ID No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name			

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Mar. 1. 2012 3:59PM

No. 3935 P. 37

EMPLOYEE W-2 WAGE SUMMARY 2010

0027-13007937
SAAR INC
2330 COLUMBIA PIKE
ARLINGTON VA 22204

The chart below indicates your 2010 voluntary payroll adjustments which are included (+), excluded (-), or did not affect (N/A) your federal wages (Box 1) and state wages.

VOLUNTARY ADJUSTMENTS YTD AMOUNT FEDERAL WAGES
GARNISHMENT 9978.38 N/A

FEDERAL WITHHOLDING EXEMPTIONS M 2
VA WITHHOLDING EXEMPTIONS M 2

REGULAR WAGES FOR 2010 41680.24

INNER E CAMPOS
3207 BARKLY LANE
WOODBRIIDGE VA 22193

11008

PAYROLLS BY PAYCHEX®

Form W-2 Wage and Tax Statement 2010

Copy C, for employees records

a Control number 0027-13007937		b Employer's name, address, and ZIP code SAAR INC 2330 COLUMBIA PIKE ARLINGTON VA 22204		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
c Employee's name, address, and ZIP code INNER E CAMPOS 3207 BARKLY LANE WOODBRIIDGE VA 22193		1 Wages, tips, other compensation 41680.24		2 Federal income tax withheld 2290.66	
3 Social security wages 41680.24		4 Social security tax withheld 384.16		5 Medicare wages and tips 41680.24	
6 Medicare tax withheld 604.35		7 Social security tips		8 Medicare tips	
9 Advance EIC payment		10 Dependent care benefits		11 Nonqualified plans	
15 State VA	Employer's state ID No. 30541052308F133	16 State wages, tips, etc. 41680.24	17 State income tax 1817.75	18 Local wages, tips, etc.	19 Local income tax
20 Locality name					

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Mar. 1, 2012 3:59PM

No. 3935 P. 38

Safe, accurate, FAST! Use **2+113** Visit the IRS Web Site at www.irs.gov/efile

Employee Reference Copy
W-2 Wage and Tax Statement 2010
Copy 2 for employee's records. OMB No. 1545-0045

Control number	0000745700 W8Z	Dept.	22304	Comp.	0002	Employer use only	19765
Employer's name, address, and ZIP code 1013340D09 FEDERAL EXPRESS CORPORATION 3875 AIRWAYS BLVD MODULE H 1ST FLOOR -- U.S. PAYRO MEMPHIS, TN 38116-5070 BATCH# 0 8225							
Employee's name, address, and ZIP code INNER E CAMPOS 3207 BERKLEY LANE WOODBRIDGE, VA 22193							
Employee's FED ID number	71-0427007	Employer's number	0156				
Wages, tips, other comp.	11630.31	Federal income tax withheld	838.35				
Social security wages	12046.42	Social security tax withheld	746.88				
Medicare wages and tips	12046.42	Medicare tax withheld	174.87				
Social security tips		Allocated tips					
Advance EIC payment		Dependent care benefits					
Nonqualified plans		Instructions for box 12	11				
Other	1824.00 GRP INS	12b					
State Employer's state ID no.	VA 30/1042700/P001	12c					
State income tax	302.16	13 State empl flct plan and party sick pay					
Local income tax		14 State wages, tips, etc.	11630.31				
		15 Local wages, tips, etc.					
		16 Locality name					

2010 W-2 and EARNINGS SUMMARY

INNER E CAMPOS
3207 BERKLEY LANE
WOODBRIDGE, VA 22193

Social Security Number 512-38-0186

Exemptions/Allowances:
Federal: 0
State: 0
Local: NA

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PAGE 01 OF 01

Mar. 1. 2012 4:00PM

No. 3935 P. 39

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		OMB No. 1545-0008	
1 Employer's soc. sec. no.		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
7 Social security tips			
8 Allocated tips			
9 Advance EIC payment			
10 Dependent care benefits			
11 Nonqualified plans			
12a Code			
12b Code			
12c Code			
12d Code			
13 Statutory Employee			
14 Other			
15 State employer's state ID number			
16 State wages, tips, etc.			
17 State income tax			
18 Local wages, tips, etc.			
19 Local income tax			
20 Locality name			

Form W-2 Wage and Tax Statement
 Use permanent or detachable to use when filing return. If you are required to use a tax return, a separate portable or other statement may be imposed on you if this income is taxable and you fail to report it.

Dept. of the Treasury - IRS

Copy 2 - To Be Filed with Employee's State, City, or Local Income Tax Return.		OMB No. 1545-0008	
1 Employer's soc. sec. no.		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
7 Social security tips			
8 Allocated tips			
9 Advance EIC payment			
10 Dependent care benefits			
11 Nonqualified plans			
12a Code			
12b Code			
12c Code			
12d Code			
13 Statutory Employee			
14 Other			
15 State employer's state ID number			
16 State wages, tips, etc.			
17 State income tax			
18 Local wages, tips, etc.			
19 Local income tax			
20 Locality name			

Form W-2 Wage and Tax Statement
 Use permanent or detachable to use when filing return. If you are required to use a tax return, a separate portable or other statement may be imposed on you if this income is taxable and you fail to report it.

Dept. of the Treasury - IRS

Mar. 1, 2012 4:00PM

No. 3935 P. 40

GMAC Mortgage Account Statement

CUSTOMER INFORMATION

Name: INMER E CAMPOS-CARRANZA
 Account Number: 9512
 Home Phone #: (703)897-8434

PROPERTY ADDRESS

3207 BERKLEY LN
 WOODBRIDGE VA 22193

GMAC Mortgage

INMER E CAMPOS-CARRANZA
 3207 BERKLEY LN
 WOODBRIDGE VA 22193-1305

For Customer Care inquiries call: 1-800-766-4622
 For Insurance inquiries call: 1-800-256-9962

MESSAGES

This is a reminder that we have not received your current payment. Please call our office to make payment arrangements.

See Reverse Side For Important Information And State Specific Disclosures

Account Information

Account Number: 9512
 Statement Date: January 18, 2011
 Interest Rate: 3.37500
 Interest Paid Year-to-Date: \$0.00
 Taxes Paid Year-to-Date: \$0.00
 Escrow Balance: \$853.55
 Principal Balance(PB)*: \$239,289.03

Details of Amount Due/Paid

Principal and Interest: \$928.46
 Subsidy/buydown: \$0.00
 ESCROW: \$204.70
 Additional Products/Services: \$26.98
 Amount Past Due: \$1,160.14
 Outstanding Late Charges: \$53.92
 Other: \$235.00
 Total Amount Due: \$2,609.20
 Account Due Date: January 01, 2011

Account Activity Since Last Statement

Description	Pmt Date	Tran. Date	Tran. Total	Principal	Interest	Escrow	Add'l Products	Late Charge	Other
PD SPEEDPAY FEE	12/01/10	12/27/10	\$7.50						\$7.50
SPEEDPAY FEE	12/01/10	12/27/10	\$7.50						\$7.50
Payment	12/01/10	12/27/10	\$1,199.06	\$254.74	\$673.72	\$204.70	\$26.98	\$38.92	

Mar. 1. 2012 4:00PM


No. 3935 P. 41

This is your principal balance only, not the amount required to pay the loan in full. For payoff figures and mailing instructions, call the Customer Care number above or you may obtain necessary payoff figures through our automated system (24 hours a day, 7 days a week).

RECIPIENT'S name, address, and telephone number GMAC MORTGAGE 3451 HAMMOND AVE WATERLOO IA 50702 800-766-4622		CAUTION: The amount shown may not be fully deductible by you. Limits exist on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-0901 2010 Substitute Form 1098		Mortgage Interest Statement Copy B For Payer The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or report this refund of interest on your return.
RECIPIENT'S federal identification no. 23-1694840	PAYER'S social security number XXX-XX-0156	1. Mortgage interest received from payer(s)/borrower(s) \$ 8,131.32				
PAYER'S/BORROWER'S name, street address (including apt. no.), city, state, and ZIP code INMER E CAMPOS-CARRANZA 3207 BERKLEY LN WOODBRIDGE VA 22193-1305		2. Points paid on purchase of principal residence (See Box 2 on back) \$ 0.00				
Member (see instructions) 9512		3. Refund of overpaid interest (See box 3 on back) \$ 0.00				
Substitute Form 1098		4. Mortgage insurance premiums \$ 0.00				
		5. Real Estate Taxes Paid \$ 1,602.90				

(keep for your records) Department of the Treasury - Internal Revenue Service

Mail This Portion With Your Payment

Account Number	Due Date	Mortgage Payment	Total Amount Due	Amount Due With Late Fee If Received 15 Days AFTER Payment Date	GMAC Mortgage
9512	01/01/11	\$1,100.14	\$2,609.20	\$1,206.56	GMAC MORTGAGE PO BOX 9001719 LOUISVILLE KY 40290-1719 
Please assist GMAC Mortgage in applying your payment					
Full Payment(s) \$ _____					
ADDITIONAL Principal \$ _____					
ADDITIONAL Escrow \$ _____					
Late Charge \$ _____					
Other Fees (please specify) \$ _____					
Total Amount Enclosed \$ _____					

02 0111 9512 00116014 04642 22222 5